

**SPECIAL ASSESSMENT APPLICATION**  
**NORTH DAKOTA DIVISION OF COMMUNITY SERVICES**  
 SFN 52358 (03/00)

<b>SPECIAL ASSESSMENT APPLICATION</b>  <b>THIS IS AN EQUAL OPPORTUNITY PROGRAM</b> <b>DISCRIMINATION IS PROHIBITED BY FEDERAL LAW</b>	
Please complete this form and submit <b>immediately</b> . This form will determine your eligibility to save money you might otherwise have to pay in special assessments for the city/county _____ project.	
<b>1. APPLICATION AND HOUSEHOLD INFORMATION</b>	
Applicant	Spouse (Work)
Phone Number (Work)	Address
Phone Number (Home)	
How many adults in your home are over the age of 62?	
How many children in your home are under age of 18?	
How many persons in your home are a minority? (i.e., Native American, Black, Hispanic, etc.)	
How many persons in your home are disabled? (i.e., physical or mental disabilities that limit activities)	
Is your household maintained by a female head of household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
List dependents and their ages:	
List adults living in the house:	
Total Number in household including applicant(s):	
Are you an elected city/county official or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you related to an elected city/county official or employee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2. PROPERTY DESCRIPTION</b>	
Do you <input type="checkbox"/> rent <input type="checkbox"/> own your residence?	
Is your home a (please check one of the following): <input type="checkbox"/> Single family dwelling (1 unit) <input type="checkbox"/> Condominium/cooperative/multi unit dwelling <input type="checkbox"/> Mobile home/manufactured home	
Do you own the lot?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it have a permanent foundation?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 3. INCOME

Qualification for assistance will be based on the following income limits \_\_\_\_\_ County.

Household	Income	Household Size	Income
1 Person		5 Person	
2 Person		6 Person	
3 Person		7 Person	
4 Person		8 Person	

Household's actual gross income (as defined below) last calendar year - \$\_\_\_\_\_

**GROSS HOUSEHOLD INCOME is defined as the total amount received from the following:**

The amount of money income received from all household occupants age eighteen (18) and over in the **preceding calendar year** from each of the following sources: (1) money wages or salary; (2) net income from nonfarm self-employment; (3) net income from farm self-employment; (4) Social Security or railroad retirement; (5) Supplemental Security income; (6) public assistance or welfare payments; (7) interest (on saving or bonds); (8) dividends, income from estates or trusts, or net rental income; (9) veteran's payments or unemployment and worker's compensation; (10) private pensions or government employee pensions; (11) alimony or child support, regular contributions from persons not living in the household, and other periodic income. Money income received (exclusive of certain money receipts such as capital gains) before payments for personal income taxes, Social Security, union dues, Medicare deductions, etc., occurs. Therefore, gross income **does not** reflect the fact that many families receive part of their income in the form of nonmoney transfers such as food stamps, health benefits, and subsidized housing; that many farm families receive nonmoney income in the form of rent-free housing and goods produced and consumed on the farm; or the nonmoney incomes are also received by some nonfarm residents which often take the form of the use of business transportation and facilities, full or partial payments by business for retirement programs, medical and educational expenses, etc.

**4. PROVIDE INCOME INFORMATION FOR ALL HOUSEHOLD MEMBERS 18 YEARS OR OLDER. USE GROSS INCOME UNLESS STATED OTHERWISE. VERIFICATION IS REQUIRED.**

Source of Income	Applicant	Spouse	Other Adults	Total
Employment/Salary				
Net Income from Farm Self-Employment				
Net Income from Nonfarm Self-Employment				
Interest & Dividends				
Net Business Income				
Net Rental Income				
Social Security/SSI				
Pension/Retirement				
Child Support/Alimony				
Unemployment, Workers Compensation, etc.				
AFDC, Welfare, etc.				
Other (Specify)				
TOTAL				

I agree to supply copies of IRS Form 1040, Savings Account numbers, name of employer, SSA-1099, and other pertinent financial information and clearances for the city or its designee to have access to such records in order to assure my eligibility.

ASSURANCES

Any person who makes a false statement or misrepresentation in connection with the application for or use of Community Development Block Grant funds shall be subject to all penalties as prescribed by law and/or may be required to return all or part of the grant funds to the U.S. Department of Housing and Urban Development.

The Applicant certifies that all information in this application and all information furnished in support of this application is given for the purpose of obtaining assistance under the Community Development Block Grant Program, and is true and complete to the best of the Applicant's knowledge and belief, and that verification of this information may be obtained from any source named herein.

**I, the undersigned, certify subject to penalty under the law that the above information is true and correct to the best of my knowledge and belief, and that the provisions stated above are accepted and agreed to. If this application for assistance is approved, I hereby accept such assistance.**

<hr/> <div>Applicant's Signature</div>	<hr/> <div>Date</div>
<hr/> <div>Co-applicant's Signature</div>	<hr/> <div>Date</div>